## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

		Do	ocket No. 6466			
As a below named inventor, I hereby declare that:						
My residence, post office address and citizenship are as stated below next to my name.						
name is listed (if plural name) and for the color of the	ed below) or a ames are liste for which a pa	il, first and sole in in original, first an ed below) of the subj tent is sought on th FOR PRODUCING LOGS	d joint inventor			
AND RELATIVE	METHOD		·			
the specifica following box	tion of which	is attached hereto	unless the			
[ ] was fil	ed on	as United	States Application			
			umber -PCT/IT2003/000416			
and was	amended on		applicable).			
of the above amended by an I acknowledge to patentabil:	identified spe y amendment re the duty to d ity as defined	reviewed and understaction, including ferred to above.  disclose information in 37 CFR §1.56.	ng the claims, as which is material			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a) - (d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is						
claimed.	ciore that of	the application on w	hich priority is			
Prior Foreign	Application(s	)	Priority Claimed			
PCT/IT2003/000	0416 РСТ	_02.07.2003	Yes [x] No []			
(Number)	(Country)	(Day/Month/Year Filed)	- 72			
FI2002A000122 (Number)	(Country)		Yes [x] No []			
(Number)	(Country)	(Day/Month/Year Filed)	Yes [ ] No [ ]			

646	56
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Docket No.

I hereby claim the States provisional	<pre>benefit under application(s)</pre>	35 U.S.C. listed be	§119(e) elow.	of a	any	United
			•			•
(Application Number)		(Filing Dat	:e)			

(Application Number) (Filing Date)

(Application Number) (Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application No.)	(Filing Date)	(Status-patented, pending, abandoned)			
(2-1)					
(Application No.)	(Filing Date)	(Status-patented, pending, abandoned)			

I (we) hereby appoint the following attorney with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

THEODORE A. BREINER, Reg. No. 32,103; MARY J. BREINER, Reg. No. 33,161; and JENNIFER A. PULSINELLI, Reg. No. 52,139.

Address all correspondence to -

BREINER & BREINER, L.L.C., 115 North Henry Street P.O. Box 19290, Alexandria, Virginia 22320-0290

Having Customer No. 006858

Address all telephone calls to -

Mary J. Breiner at (703) 684-6885

## COMBINED DECLARATION & POWER OF ATTORNEY

Docket No. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full Name of Sole or First Inventor: (given name, family name)\_\_\_ GuglieLmo BIAGIOTTI Walle Date Inventor's Signature Via di Vorno 105 Residence: 55060 CAPANNORI, LUCCA Italy \_\_ Citizenship:\_\_ Mailing Address: Via di Vorno 105 - 55060 CAPANNORI, LUCCA Italy Full Name of Second Joint Inventor (given name, family name)\_\_\_\_\_\_Mauro GELLI Inventor's Signature\_\_\_ Date Via del Marginone 24/Fraz. Pieve S. Paolo Residence: 55066 CAPANNORI, LUCCA Italy Citizenship: ITALY Mailing Address: Via del marginone 24, Fraz. Pieve S. Paolo 55066 CAPANNORI, LUCCA Italy \_\_\_\_\_\_ Full\_Name\_of\_Third\_Joint\_Inventor\_\_\_\_\_ (given name, family name)\_\_\_\_\_ Inventor's Signature\_\_\_\_\_ Date\_\_\_\_

Residence:\_\_\_\_\_ Citizenship:\_\_\_\_\_

Mailing Address:\_\_\_\_\_